THE

# MEDICAL AND SURGICAL REPORTER.

No. 606.] PHILADELPHIA, OCT. 10, 1868. [Vol. XIX.—No. 15.

## Original Department.

## Communications.

### INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,
Surgeon, U. S. Navy.

(Continued from page 245.)

#### V. Ophthalmoscopic Characters of Diseases of the Vitreous Humor.

Diseases of the vitreous humor are subjects of great interest, both to the ophthalmologist and general pathologist. To the former they are interesting from the important influence they exert in nearly every disease of the interior of the eye upon the facility or possibility of his diagnosing it. The function of the vitreous being dioptric, the presence of any object or condition determining arrestation or modification of the rays of light to and from the fundus, becomes a factor of prime importance, required to be known as regards the nature, origin, and relation of the interfering causes with the tissues of the structures beyond them, before the pathological condition of the latter can be estimated.

In the early stages of some, and in the latter stages of almost all the diseases of the membranes of the eye already described, more or less vitreous changes are involved, which often unfortunately cut off our opportunities of bringing the altered structure beyond directly under visual inspection.

To the pathologist the interest that attaches to the vitreous consists in his being able to study the modifications induced in morbid phenomena by their occurring in a non-vascular structure. This structure, according to Mr. Bowman, consists of an exceedingly fine and close, but perfectly transparent web of fibrous tissue, the meshes of which are exceedingly small, and contain an aqueous fluid. When entire it is of the consistence of soft jelly, but if cut into, the water contained in the cells drain off, showing that they communicate freely with each other. The interlacing fibres of which those cells are formed, especially in the vicinity of the ciliary processes, may be plainly seen with a high power. The whole vitreous body is contained in an envelope of extremely thin structureless membrane, having corpuscle or cell-nuclei on its inner surface, where the fibrous tissue is attached. The hyaloid membrane is united to the retina by a layer of transparent cells, and the junction is particularly close at the circumference of the optic disc. It is connected anteriorly at the periphery of the ciliary processes, and continued from here to the posterior layer of capsule of the lens to which it adheres.

##### 1. Inflammation of the Vitreous Humor or Hyalitis.

The vitreous is rarely inflamed, independently of the surrounding structures, but it usually takes its origin in iritis, cyclitis, choroiditis, or retinitis, and subsequently extends to the vitreous; that it can do so however, is beyond question, as is seen in those cases of wounds in which a foreign, body is driven into the globe through the cornea and lodged deep into the vitreous body, quickly determining inflammation, which often results in purulent or membranous formations around the foreign object. The inflammation may be either partial or general. In the first case, it is seen affecting the peripheral parts of the vitreous, those in contact with the retina and ciliary processes where abundant proliferation marks its presence. When the entire vitreous suffers, inflammatory products are developed throughout its extent, and suppuration and destruction of the eye is then most likely to occur. This result is

almost invariable in injuries of the eye-ball by penetrating objects lodging in the vitreous. It was the case in three instances that have come under my observation, in which fragment of percussion caps and primers were the vulnerants.

In limited hyalitis the proliferation does not often take such a funest course, but sometimes culminates in the production of a net work of connective tissue, ramifying through and enclosing the vitreous in its cells, and upon which usually vessels outshoot from the retina, ciliary processes, and optic papilla; or again, the process may fall far short of this, and originate different opacities of various forms, such as specks, threads or bands, which, upon motion of the eye, change their position indefinitely, and when present with crystals of cholesterine, often give the ophthalmoscopic image a singularly beautiful appearance. These new formations are most always connected with a fluidity of the vitreous, yet their motion may in certain instances be appreciable without abnormal thinning of this humour. The changes produced by hyalitis are in most instances of a very mutable character, appearing or disappearing with the advance or retrocession of inflammatory affections upon which they are dependent, and unless they have involved the formation of strong bands of connective tissue, little damage to the eye attends them, nor will any trace be left of their presence. These bands, however, are mostly permanent and often seriously impair the vision, as is seen in those forms of disease called polar and hyaloid cataracts, which are produced respectively by the development of membranes upon the middle of the posterior surface of the crystalline lens, or by covering that surface entirely. In other instances atrophy of the eye-ball is brought about by the retraction of the connective tissue bands connected with the retina, destroying the vitreous humour contained in their interstices, and detaching the retina from the choroid.

In order to see this morbid condition of the vitreous, it is a necessary requirement that the dioptric media shall be transparent, that the light may be able to illumine the vitreous in every direction. The pupil must also be dilated to its fullest extent, as well to admit the greatest quantity of light as to enable the observer to prosecute his search to the neighborhood of the zonula which it may be intimated, most frequently of all the other parts of the interior of the eye, is found in morbid concurrence with disease of the anterior portions of the vitreous. During the examination the patient should be directed to move his eye quickly in various directions to disturb the vitreous and the intruding substances within it, that the tremulous motion and fluidity of that humor may be detected, and the nature, extent, position, and movements of the floating objects, which sometime sink below the margin of the pupil out of sight, determined. The ascertainment of this knowledge with accuracy will depend in great measure upon judicious illumination of the interior of the eye. The two modes of this procedure described in an early number of these papers under the designation of illumination by transmitted and by incident light must be had recourse to conjointly. In exploring alterations of the deeper portions of the vitreous, the former method is best adapted, and for those of its more superficial parts and of the crystalline lens incident light, or oblique illumination as it is sometimes called, is to be preferred.

When a certain volume of light is projected into the chambers of the eye rendered cloudy by vitreous opacities of small extent, which do not in any great degree interrupt its passage to the fundus, nor yet in consequence of their limited extent do not reflect it outwards, the fundus will be lighted up, and opacities will appear as black specks scattered over its surface; and which will be subjectively appreciable in the field of vision as interruptions of its surface, called scotomata. They differ from muscæ volitantes or myodesopsia, in that the latter are dependent upon cellular proliferation in the vitreous, only recognizable with the microscope. Both these forms of scotomata are evanescent, there is a third form, however, which is permanent, and caused chiefly by morbid alteration in the lens.

If the entoptic bodies are situated in the anterior part of the vitreous, oblique illumina-

tion or incident light which simply illuminates them, and leaves the fundus in the shade, will display the bodies in their true colors standing out from a dark back-ground.

As regards the position of the entoptic substances the observer will be enabled to form his judgment upon this point by observing the alteration of their position in relation to the centre of motion of the eye-ball, which must remain fixed in all movements of this organ. Although the position of this centre will vary with the original conformation of the eye and, with its myopic and hypermetropic conditions, yet sufficient accuracy is attainable by the observer pitching upon a central point in the visual axis, around which the move ments of the entoptic bodies appear to take place. Those in front of the centre will move in the same direction as the pupillary margin, while those in the rear of it, and deep in the vitreous, will pass in an opposite one. By this means we can say that the body is anterior or posterior to the centre of motion which in the normal eye is about 1.77 millimetres in the rear of the middle of the visual axis.

Another method of arriving at the same conclusion consists in moving the biconvex lens in a direction perpendicular to the visual axis, the eyes of both the observer and patient remaining fixed, when those bodies near the cornea will move in the direction of the lens, and those situated deeper will pass in an opposite direction.

The kind and strength of the lenses required in obtaining a clear perception of objects with the erect image will also materially assist us in our investigation as to the depth of the vitreous opacities. It is well known that only those objects situated in or behind the focus of the eye can be seen with a concave lens in an upright position, while opacities placed in front of it can be seen with the unassisted eye, or the eye armed with a convex lens; that is, the stronger the convex lens required to see the object distinctly, the further must it be in front of the focus, and the stronger the concave glass required the farther is the object in the rear of it.

As the means for deciding upon the nature, position, and extent of vitreous opacities have been considered, it will now be required to briefly describe the various sorts—diffused, flocculent, filamentous, and membranous—met with.

Diffused opacities vary in appearance according to their position, density, and the magnifying power employed. Usually a dotted or finely sprinkled surface of a yellowish-white color, is presented in the ophthalmoscopic picture, with its constituent particles constantly changing position as the eye is moved, sometimes apparently folding up, and then unfolding, or the particles collect, consequently, giving some parts of the surface the aspect of greater density than others, which often quickly dissipates, or persists as long as the opacity. The cloudy vitreous obscures the definition of the optic disc, and renders the surrounding region of retina, with its vessels, quite blurred.

In a more advanced stage of hyalitis, the opacity becomes more marked and *filamentous*, in consequence of the development of connective-tissue fibres, which often entwine in every direction through the vitreous, especially in the neighborhood of the zonula. These produce the thread like scotomata, which are sometimes compared, by patients, to the legs of insects, to the meshes of a net, etc. The filaments are best seen when the convex lens is sufficiently far removed from the eye to bring within the visual the iris and cornea.

Flocculent opacities floating in the vitreous are readily cognizable, they throw light cloud-like shadows upon the retina, and induce scotomata of a corresponding likeness.

Membranous opacities occur under the form of translucent, finely-sprinkled bands, located especially in the circumferential portions of the vitreous. They envelope the track, and also the foreign body itself that may have penetrated the vitreous, and conceal it from view.

Coincident with the production of these various forms of proliferation, the vitreous almost always becomes fluidized, either partially or wholly, being resolved into a pellucid liquid, and constituting the disease known as simple synchisis. In other cases,

along with this dissolution of the vitreous, crystals of cholesterine are produced both in the anterior and posterior chambers, giving rise to a bright glittering appearance, which Desmarres has designated as synchisis scintillans, and he describes the phenomena observable in the following manner: "With the ophthalmoscope, especially when the cholesterine is abundant, the sight is magnificent; small, luminous, and very brilliant particles reflect the light for an instant only, dart with astonishing rapidity across the rosy field of the fundus of the eye. Shot from below upward in the vitreous body, by the movements that have been directed, they fall like the cluster of a rocket, often turning back, sparkling and disappearing alternately. Some of them reflect diversely colored light; all generally disappear behind the iris; but if the patient maintains his eye motionless, it is not rarely that crystals are seen fixed upon exudative filaments, attached by one or both ends, quivering at different depths in the illuminated cavity. It resembles golden and silver spangles fixed upon a brilliant silk ribbon, of a white or yellow color, and agitated by the wind." This fluidity of the vitreous will be found most often associated with posterior staphyloma, sclero-choroiditis, and retino-choroiditis, and when associated with cataract, renders this operation peculiarly perilous, a connection of pathological states recognized long ago, though imperfectly understood. It is alluded to in the works of James Ware, Wenzel, Roux, and others.

Desmarres describes a condition of the vitreous (jumenteux), in which it becomes cloudy, and presents an appearance similar to that of the urine of herbivorous animals. The ophthalmoscopic characters are general disturbance in the transparency of the vitreous, which presents the appearance of being filled with minute specks; fundus yellowish-red; and obscurity of the optic papilla and surrounding retinal vessels.

2. Foreign Bodies in the Vitreous.

Under the above heading, of foreign bodies in the vitreous, we shall consider the subjects of effusion of blood, detachment and displacement of the lens into the humor, cysterious, and of inorganic solid objects which gain admittance to the vitreous from without.

Bloody effusion into the vitreous varies in quantity, aggregation, and position. It may either take place under the form of a single clot, occupying a declivous place behind the pupil, leaving the rest of the vitreous of its normal transparency, or of greater dispersion, as to entirely destroy the transpicuity of the humor, that the fundus cannot be discerned until weeks have elapsed, and the effusion in a measure broken up and absorbed. The blood poured out has its origin either in one or other of two sources—the retinal or choroidal vessels—and occurs, in some cases, from spontaneous rupture of the vessels, the result of alteration in their walls, produced by inflammatory diseases of the retina and choroid, and especially by posterior staphyloma; in other instances, penetrating and contused wounds of the globe and orbit originate it. Desmarres mentions one case that happened in connection with the hemorrhagic diathesis.

The occurrence of hemorrhage is manifested subjectively by the sudden occurrence of abolition of vision, or the appearance of a dark cloud in the field, according to the quantity and position of the blood effused. The patient feels no pain, perhaps a sensation of fulness in the eye at most. As the clot gives way and is absorbed, the vision correspondingly improves; the dark spots in the field become lighter, often change their position toward its upper margin, by the sinking of the fragments of the broken up clot, the breaking up continuing until their defined outlines are lost, and objects can be seen through them.

The ophthalmoscope readily reveals all these after-changes in the effused blood upon which the rationale of the subjective phenomena are explainable. If the effusion is limited, it can be seen as a dark mass occupying a position in the lowest part of the vitreous humor, and hiding all that part of the fundus below the line bordering its superior surface. In the course of some weeks, the vitreous clears up, and along with it the clot disintegrates, so that its relics can now be discovered as specks, threads, or variously shaped fragments of a

reddish or yellowish color, floating about in the humor, and changing their position with every movement of the eye. It is at this stage that the search may be made to determine whether the blood has proceeded from a ruptured retinal vessel, or from a choroidal rupture. In the first instance, the injury in the walls of the vessel will be seen as a brownish-red colored spot with a centre almost black, which occupies a position immediately above the break. In choroidal hemorrhage, the quantity of blood poured out is usually much larger in quantity, and occupies a position beneath the retina which is ruptured, but its vessels are seen intact.

When the crystalline lens is severed from its connections with the surrounding structures, and displaced into the vitreous humor, it is then in reality a foreign body, and differs from a fragment of metal occupying same position, in its effects and subsequent history, in that, under favorable circumstances, it can be gotten rid of by absorption, while the metal, if it does not produce phlegmon, remains and becomes encysted. Its position can be determined by the ophthalmoscope, and its removal, if required, effected.

We have already, in a previous paper, dwelt upon the subject of cysticercus in the retina, which will render it unnecessary to say anything further under this heading, inasmuch as a cysticercus in the vitreous presents exactly the same appearances as it does when under the retina.

We shall simply add, that besides the cysticercus, another remarkable entozoon has in one instance been reported by QUADRI, as found floating in the vitreous humor, the filaria oculi humani. The subject was a woman thirty years old. Her eye was altogether normal, and the only inconvenience experienced by her arose from the movements of the filaria across the field of vision, producing momentary obscuration, as does a floating opacity.

Next to be studied are those foreign bodies which gain admission to the vitreous humor from without. Most of these are fragments of percussion caps or primers, shot, or little pieces of metal. The entrance is made either through the cornea and crystalline, or through the sclerotica, the foreign body occupying various positions in the vitreous, from a point just behind the lens to the very bottom of the fundus against the retina, according to the force with which it has impinged against the organ. When near the lens, care should be taken that no optical illusion is produced as to its real position, which is sometimes the case, the body appearing to be in front of, instead of behind the lens. Oblique illumination will enable the observer to remove all doubts in this respect. When situated deeper in the vitreous, the ophthalmoscope should be had recourse to early, before the humor becomes opaque by the opacities which always occur and envelope the intruding substance. At this period the object may be seen with defined outlines, lying upon the rosy-red field of the fundus. Later, the vitreous becomes cloudy upon the development of retinal and choroidal inflammation, and the position of the object can then only be determined by the membranous opacities that hide it from sight. There are, however, some exceptions to this, as VON GRAEFE has observed some cases in which no new formation occurred, small or even middling-sized bodies having remained buried in the vitreous, unclouded by the smallest opacity.

The direction taken by the foreign body in its course to the fundus is clearly observable by a track which is bluish-gray by reflected light, and black by transmitted light.

It is of the greatest importance to detect the direction and position taken by the fragment of metal, with a view to its removal, which must be undertaken; otherwise, in the majority of cases, the eye will surely be destroyed, either by chronic inflammation and atrophy, or more rapidly, by the establishment of acute inflammation that runs into suppuration. I have now a specimen of a fragment of a percussion primer before me, measuring three-fourths of an inch long, by a quarter of an inch broad, which was driven to the very fundus of the eye, directly through the cornea and lens. The case came under my care at a period too late for any effort to be made for its extraction, as the cornea was hazy and the pupil plugged with lymph. In ten days from

the infliction of the injury, suppuration ensued, and the patient suffered such excruciating pain that I punctured the eye, and after little search, seized and removed the body with a pair of forceps. I feel well assured that the bright color and size of the fragment of copper would have rendered its detection the easiest thing in the world when the injury was first inflicted, and its extraction through the sclerotic might have been effected, with hopeful anticipations of a better issue than unfortunately occurred.

[To be continued.]

# Hospital Reports.

Jefferson Medical College,
*Philad., June 10th*, 1868.

## Surgical Clinic of S. W. Gross, M. D

Reported by Dr. Napheys.

### Lithotomy.

Wm. H., æt. 10 years, who was cut for stone two weeks ago, goes home to-day. All the urine passes by the urethra, and the wound has closed with the exception of a very small point at its lower angle. The boy has not experienced a bad symptom, and his general health has been greatly improved by the operation.

### Hare-Lip.

John L., aged 5, has a cleft of the upper lip to the left of the mesial line. The affection in this case exists in its most simple form, and consists merely of fissure of the vermilion border of the lip, extending up to the gum. The edges of the gap are rounded off, the inner being somewhat thin and short, while the outer is longer, plump, and runs in an oblique direction downward and outward. The deformity has evidently just stopped short of complete cleft involving all the tissues of the lip up to the nares, for there is a deficiency of the connective, adipose, and muscular structures, as the entire thickness of the lip is very slight and consists only of mucous membrane and skin. This deficiency is shown by a somewhat concave groove, which ends at the nares.

Hare-lip, so termed from its fancied resemblance to the lip of the animal from which it takes its name, but from which it differs in that the cleft is always on one or both sides of the mesial line, while in the hare it is seated in the mesial line, is a congenital affection, due to an arrest of development occurring not later than the seventh or eighth week of intra-uterine life. Its causation may be explained by a reference to the development of the fœtal superior maxilla. For surgical purposes each upper jaw-bone may be considered to consist of two pieces, the lateral or true mass and the intermaxillary portion, which are separated from each other by the incisor fissure, which passes outward from the incisor foramen to the alveolar border in front of the canine socket. The piece in front of this fissure is known as the intermaxillary bone, and bears the incisor teeth, being analogous to the premaxillary bone of mammals, in which it forms a separate bone. The lip is developed in the same way as the bones which it covers, or in two portions; so that it is easily to comprehend that if the true lateral mass of the superior maxilla does not fuse with the intermaxillary or incisor portion, the soft parts will not coalesce, and a clef tmust result, which will be exactly in the line of the incisor fissure, or about one quarter or a third of an inch to one side or both of the median line. It will also be understood from these anatomical facts how the deformity of the lip may be single or double, simple or complicated by cleft of the alveolar arch, or of the hard and soft palates. Whatever be held as the existing cause of the affection, be it deficient nervous or vascular supply, or maternal diseases or impressions, the latter influence can have no effect in the production of the deformity—and the ignorant are prone to consider that maternal impressions upon the fœtus in utero are the efficient agents in the causation of the cleft—unless it acts before the completion of the second month of gestation, at which time the lateral and anterior masses of the bone have become fused together.

Being a congenital affection, the cleft, when complete, be it complicated or not, must interfere more or less with sucking and deglutition, and, as the child advances in years, articulation is defective, and the teeth are irregularly developed. It, therefore, becomes an interesting and important question to decide at what age an operation for its relief can be practised. Experience proves that the best period is before the first dentition. In simple cases, when the general condition of the infant is good, the operation may be performed at any time between the third and sixth week; but it should be delayed if the patient be weak and badly nourished. Under favorable conditions Dr. Gross would not hesitate to operate within the first seventy-two hours, and always prefers to proceed before teething. In children that are feeble and not well nourished

it is essential to the success of the operation that their strength be brought up to the proper standard.

Chloroform having been administered, the lip was detached from the gums as high up nearly as the nose, as a preliminary measure. An incision with a sharp knife was next made from the nares on each side of the cleft, including its margins, care being taken to remove rather more than would at first sight seem absolutely necessary, since free paring of the edges gives much better success than the removal of too little tissue. The cut surfaces were then approximated by three twisted sutures and one interrupted suture, the first pin being inserted at a level with the red border of the lip; the second through the middle, and the third just beneath the nose, the interrupted stitch including the mucous membrane of the prolabium. All of the sutures were introduced deeply through the substance of the lip and one-third of an inch from the edges of the wound.

The upper and middle pins will be removed at the end of seventy-two hours, and the lower at the expiration of the fourth day. The interrupted suture will be taken away in forty-eight hours. In younger subjects, the pins should be removed earlier, as in these patients they are liable to ulcerate out. In all cases, however, the surgeon should be guided by the firmness of the union. The threads employed in making the sutures must be permitted to remain until they become loosened, as they answer an excellent purpose in maintaining coaptation. No particular after-treatment will be required.

### Hydrarthrosis of the Knee.

Mark B., aged 19, has a very palpable swelling of the left knee, which is apparently twice as large as its fellow. About five years ago he was hit on the knee by a stone which was thrown at him. This blow, however, was not followed by tumefaction although there was some pain, and he still continued to go to school. Last March he fell into a culvert striking on the same knee, which began to swell.

There is now increase of temperature of the part. The pain is worse at night and in damp weather, and is of a boring character. The joint is more comfortable when the limb is in an extended position. The pain is not very much increased by walking. In the morning the limb is quite stiff and he is a little lame during the day. The leg cannot be flexed upon the thigh without producing suffering. There is no enlargement of the subcutaneous veins. The swelling is of a globular shape, furrowed in the middle, rising up above and extending along the sides of the patella; it fluctuates, and is larger when the leg is flexed.

This is a case of hydrarthrosis of three months' standing. About all movable joints there are large synovial sacs or membranes. The synovial sac of the knee-joint is the largest in the body. It extends up from two and a half to three inches above the condyles of the femur, beneath the tendon of the quadriceps extensor cruris, and down to the articular surface of the tibia, beneath the ligament of the patella. Dropsy of the synovial bursa which sometimes takes the place of the upward extension of the synovia membrane, and is quite separated from the articulation, may give rise to a somewhat similar swelling; but this is distinguished from hydrarthrosis, by the fact that the tumor is limited to the space above the patella, while that bone itself is always in contact with the condyles. In this case the tumor is not confined to the region above the patella; it is seen bulging out on each side of the knee, the tendon of the quadriceps extensor muscle dividing it into two portions, separated by a distinct furrow.

Hydrarthrosis occurs most frequently in persons of a rheumatic or gouty diathesis. This boy has never had rheumatism, but his father is subject to rheumatic attacks.

The synovial membrane of the joint, which, in a state of health, is smooth and glistening, would now be found on inspection preternaturally vascular, or in an hyperæmic condition. If the morbid action were allowed to continue and become chronic, there would be found, in addition to this vascularity and increase of the natural secretion of the parts which constitute dropsy, a thickened state of the synovial membrane, with patches of lymph effused upon it. The disease becoming still more chronic, it would be discovered on dissection that the little villi, or vascular tufts upon the synovial membrane, had very much increased in size, giving rise to little tumors containing synovial fluid. Occasionally when these cases have existed for a length of time, it will be found on making pressure and endeavoring to elicit fluctuation, that there is an unevenly hard and soft surface, which is due to the presence of these enlarged villi.

In this instance the inflammation is subacute. If the fluid were drawn off it would be found to be of a straw color, coagulating under heat, and corrosive sublimate, precisely like the fluid of hydrocele. The case might be treated by the application of blisters in the first place. Inas-

much, however, as the effusion depends upon debility, an enlarged and relaxed condition of the vessels, which would thus be still more relaxed and dilated, the employment of blisters in either acute or chronic synovitis is not attended with much benefit. Dr. Gross has also endeavored in hydrarthrosis to avail himself of the alleged power of glycerine to produce capillary drainage by exosmosis, as recommended by Dr. John H. Griscom, of New York, but without any result. This effusion will be treated by firm, systematic compression. Compresses of old linen or muslin will be placed around the joint and a bandage applied from the toes up, to prevent œdema of the foot and lower portion of the leg. In the course of a few days the bandage will become loosened through the absorption of the fluid; it will then be applied again and the treatment thus continued. In addition, he will be placed upon the very best of all absorbent remedies, the iodide of sodium, three grains, with one-twelfth of a grain of tartar emetic and one-eighth of a grain of corrosive sublimate, three times a day. The boy will be kept at rest.

If this treatment does not succeed, the tincture of iodine, diluted two-thirds, will be injected to produce obliteration, as recommended by Bonnet, Velpeau, and Bauer. An excellent mode of making compression is by means of adhesive strips covered with gum ammoniac and mercurial ointment, as by this means a sorbefacient is also brought directly in contact with the skin.

### White Swelling.

Lena ——, æt. 6. This child presents herself on account of strumous articular osteitis, or tubercular inflammation of the lower end of the thigh bone of the right side, giving rise to the disease known as white swelling. The child has a fair complexion, gray eyes, light hair and long eyelashes, belonging to the tubercular type of the scrofulous diathesis, which is characterized by fine connective tissues and impairment of strength.

There is increased heat of the part. The subcutaneous veins are prominent beneath the skin, but small, not enlarged and tortuous, as in encephaloid. The pain is greatest on pressure being made on the inner side of the bone. The swelling is almost confined to the inner condyle. The lower limb is emaciated and there is great contraction of the hamstring muscles. The child starts in its sleep, crying out with pain. This indicates the second stage of strumous disease of the knee-joint, which is chiefly characterized by retraction of the hamstring muscles and darting pain at night. These pains are due to inflammation of the bone immediately under its articular lamella. In this case there is distinct fluctuation, showing that the morbid action has extended to the synovial membrane.

It will put the child in the best possible condition for cure to divide the retracted tendons and bring the limb into a better position. So soon as the superficial layer of the bone becomes inflamed, the nerves of sensation react upon the nerves of motion, and the hamstring muscles are brought into action and pull the tibia forcibly against the articular surface of the femur. This occurs so soon as she sleeps, volition being gone. Inflammation is thus kept up. In the treatment of the inflammation rest of the joint is essential, but here there is only apparent rest. In order to put the joint really at rest, *i. e.*, to keep the head of the tibia from being spasmodically forced against the inflamed articular surface of the femur, it is necessary to divide the hamstring muscles and place the limb in a splint. Tenotomy is the most valuable remedial agent known against the spasmodic action of these muscles. In this case the biceps is more particularly contracted. It will therefore be divided, as well as the band of fascia lata which is inserted into the head of the fibula, and serves to keep up contraction. The rule is always to divide wherever there is found much contraction.

The operation of tenotomy is a simple one. It was reduced to a science by Stromeyer, of Hanover. It is to be looked upon in this case as an antiphlogistic measure.

Chloroform was administered, and the biceps and fascia lata divided subcutaneously. The peroneal nerve which runs in close proximity to the tendon will not be endangered if care be taken to insert the tenotome close along the side of the tendon. By extending the leg as firmly as possible it may be felt as a hard cord on the inner side of the tendon. If divided, its extremities will have become united in a few months and its functions restored. Some peri-articular adhesions which existed were broken up. A bandage was applied from the foot upwards and a splint made of binder's board, extending from four or five inches above to six inches below the joint, was then adjusted and confined.

The child was ordered to take eight drops of the tincture of the chloride of iron, along with two drops of Fowler's solution and one grain of quinine, three times a day. She will have plain, nutritious food and be kept in the fresh air. The bowels will be kept regular. Should local symptoms of inflammation set in, the joint will

be medicated by a strong solution of acetate of lead and opium.

**Phimosis Simulating Vesical Disease.**

This boy, æt. twenty-five months, has suffered from symptoms of stone in the bladder for four months. He passes water frequently, probably every hour, and it comes away in drops, rarely in a full stream. Micturition is attended with straining. The prepuce is elongated, and he is constantly pulling at the parts. He has never passed any blood and there is no prolapsus of the rectum.

Stone in the bladder is very common at an early age. One-third of all the cases occur before the seventh year and one-half before the tenth year of age. Whenever, therefore, in a child there are found symptoms of vesical trouble, the presence of a stone may be suspected, and the operation of sounding should always be instituted. Other vesical troubles are rare in children. It is fortunate that children recover so readily from lithotomy, as they are so frequently the subjects of this disease. This child has been sounded by two physicians, who thought they detected a stone. The child was placed under the influence of chloroform and the sound introduced. No stone could be found. The end of the sound moved over a space of about one and a half inches of roughened surface, feeling like a calculous deposit on a thickened mucous membrane. The preputial orifice is much smaller than it ought to be, and it is probable that the urine being retained from this cause, the mucous coat of the bladder has become thickened and the seat of a phosphatic deposit.

The question of the existence of a stone should never be decided by the first examination. The patient should always be sounded several times before passing judgment. He should be sounded when the bladder is full, when partially full, and when empty. Sometimes when the bladder is empty the folds of mucous membrane fall over the stone encysting it, as it were, so that it eludes search. Circumcision was recommended for the relief of the trouble.

—— "What is your notion of a true physician?" asked a medical professor of a student; to which the latter replied, "He is an unfortunate gentleman, who is every day called upon to perform the miracle of reconciling health with intemperance."

—— Von Graefe, the Prussian oculist, promises restoration of sight to the Rev. Mr. Milburn,—formerly known in this country as "the Blind Preacher and Lecturer"—who is under his care at Berlin.

# Editorial Department.

## Periscope.

**"Position" in the Treatment of Chloroform Poisoning.**

Dr. E. L. Holmes, Lecturer on Diseases of the Eye and Ear in Rush Medical College, and Surgeon to the Chicago Charitable Eye and Ear Infirmary, has the following remarks in the *Chicago Medical Examiner:*

"The subject of anæsthetics does not fall specially within the province of your Committee on Ophthalmology; and yet, there are a few points, which I consider of some interest in connection with the administration of ether and chloroform in ophthalmic surgery.

I have observed a few facts, in operating upon the eye, which I deem of very great importance, as bearing upon the treatment of patients presenting alarming symptoms during the inhalation of chloroform. It is not my object to discuss the comparative danger in the use of chloroform or ether, nor the circumstances upon which the danger depends. It has been my fortune to observe the administration of both agents in a very large number of cases, under the care of many different and eminent surgeons. I have also administered chloroform more than 400 times myself. Till quite recently, I had never witnessed a single case in which there was any apparent danger to the patient.

Some time since, two male adult patients, to whom I administered chloroform, suddenly ceased breathing, the pulse at the wrist becoming at once imperceptible, the sound of the heart, however, being audible to the ear placed upon the chest. The removal of the chloroform, alternate pressure and relaxation of the chest, and cold water thrown upon the face, speedily aroused the action of the heart and lungs.

I may state that in administering ether to a patient 76 years of age, the respiration suddenly ceased, though the pulse, very much reduced in force, continued. The appearance of the patient was alarming, the countenance being somewhat livid, cool, and haggard in expression, and the eyes rolled upward. It required considerable exertion to restore the patient.

Every surgeon has, not unfrequantly, observed that chloroform produces considerable pallor, prostration in the action of the heart, arteries, and lungs, apparently without any imminent danger. In all such cases, as well as in the two

just described, the danger seems to depend entirely upon syncope. I have never witnessed a case in which there was turgidity of the vessels and redness of the face, in which there was not also a regular pulse, and a regular, though often stertorous respiration, causing, perhaps, a peculiar heaving motion of the head. On several occasions, as I observed this tendency to syncope, although I saw no reason for alarm, I directed, experimentally, my assistants to raise the foot of the table sufficiently high to place the patient with the head downward on an inclined plane of at least 40°. I found, invariably, that the pulse at once became fuller and more frequent, and that the color returned to the face.

Subsequently, in administering chloroform to a patient at the Chicago Charitable Eye and Ear Infirmary, the breathing and pulse, almost without warning, suddenly ceased. Although the pulse and respiration had been quite good, there still had begun to be a peculiar 'cold respiration' upon the brow, and a cold, moist condition of the hands, which I attributed to the depressing influence of fear, under which the patient was laboring. I was watching the patient most carefully, thinking in this condition he should receive no more chloroform, when he ceased to breathe. His aspect was most appalling; the face and hands were cold and wet, the features pinched, muscles of the face relaxed, lids half-opened, and the cornea turned upward. The foot of the table had not been raised fifteen seconds, the tongue having at once been withdrawn, before the pulse reappeared at the wrist and the respiration was reëstablished. Upon restoring the patient to the horizontal position, the pulse and respiration again ceased. The elevation of the foot of the table, however, again reëstablished the action of the heart and lungs.

Some time after this occurrence, precisely the same symptoms appeared during the inhalation of chloroform. The patient was a young, strong man. In this case the pulse, for a few minutes, was growing less frequent, although the breathing continued quite strong and regular, till, without further warning, the pulse and breathing suddenly ceased. The appearance of this patient was as frightful as in the case of the other just described. A similar mode of treatment restored, at once, the action of the heart, some seconds passing before the respiration was fully reëstablished.

I have had an opportunity, at the Infirmary, of demonstrating, experimentally, to students and physicians, more than thirty times, in cases where there was no apparent danger, and yet where there was a tendency to pallor and weakness of the pulse, that, in the position I have described, the cheeks became instantly flushed and the pulse stronger.

In administering chloroform, I always use a napkin, folded several times, upon which the anæsthetic is poured in small quantities at a time, care being taken that a free current of air can pass to the mouth under the napkin. The patients are always in a horizontal position. I watch, with great care, the condition of the pulse and respiration; and yet, it is sometimes somewhat difficult to distinguish the difference between the effects of fear and those of the chloroform.

Whatever may be the obscure causes of fatal results from the use of chloroform, I believe the danger, in by far the greater proportion of cases, depends upon a tendency to death by syncope. To overcome this tendency, it is necessary to stimulate the nervous centres. This may be done by causing a column of blood to press upon the vessels of the brain. It is not sufficient to remove the pillow from the head and place it under the hips. It is necessary that the whole body be placed upon a steep, inclined plane, to force as much blood as possible, by gravitation, into the brain. I believe this is of more importance than any of the methods usually described by writers on the subject. It should take precedence to the withdrawal of the tongue, artificial respiration, galvanism, or stimulants. This remedy can always be applied without delay, and can be followed by any others which may seem desirable.

I have dwelt upon this subject of position, because so little is said upon it, either in the best works upon anæsthetics, or in the reports of the treatment of fatal cases, as found in medical journals. We have reason to believe that very few surgeons or obstetricians have ever placed a patient in the position described, in cases which threaten to terminate fatally.

I have employed large and frequent doses of bromide of potash, as recommended by Dr. Stone, both before and after the administration of ether, as also of chloroform, to prevent nausea, but have not observed any beneficial result. It is highly desirable to possess some agent to prevent nausea and vomiting, especially in the extraction of cataract, since the vomiting may cause the expulsion of the vitreous humor, and protracted nausea, and consequent loss of appetite, may prevent union of the corneal wound, by impairing nutrition."

### Prosecution of Medical Men.

The following extract is from a sensible article by S. M. Whipple, M. D., in the Transactions of the *New Hampshire Med. Soc.* for 1868, and contains facts which every physician ought to think over.

"The community do not seem to understand that by encouraging prosecutions of medical men they are endangering their own safety. Such prosecutions can have only one tendency, and that is to demoralize and to break down the medical profession, the only and last resort we all have in sickness, in accident, and to mitigate suffering, and to soothe the pangs of death. Are the community prepared to dispense with their aid at these trying scenes, or even to do that which would make their services less efficient? Just so long as there are cases of fracture, just so long will there be cases for prosecution. As all injuries cannot be made perfect, surgeons will have an exorbitant fee for such risks, or decline the responsibility.

"But lawyers and disaffected patients, learning it to be an easy matter to plunder the medical profession by means of suits of this character, and that many of its own members can be made their willing allies, will not be disposed to forego its free application wherever and whenever a favorable opportunity presents, notwithstanding the damaging effect such prosecutions may have on the community at large. If surgery was a demonstrable science, and a fair amount of skill and application could reduce it to a certainty, then any deviation in its application to fracture from a perfect cure, would show incompetency in the surgeon, and that he was not master of the science. But surgery has not yet attained that position among the sciences which will command anything like certainty; and statistics from the practice of the most skilful surgeons abundantly show this fact. Then why will physicians guarantee, and the community expect and require prosecution from an imperfect science? Simply because they do not understand it, and will not awake to see their impending danger. We believe, with the *New York Medical Gazette*, 'that these prosecutions are frequently malicious prosecutions, and successful only through ignorance in the bench, bar, and jury-box.'

"Be this as it may, it seems to me that a great reform must be made in surgeons themselves. They must stop making unfriendly criticisms of the practice of others, and cease encouraging and testifying that in a great majority of cases broken limbs may be made perfect, while the fact is not so.

"Criticisms and fault-findings and scandal among physicians, with regard to each other's practice, have become proverbial; and it cannot be expected that we can be respected by the community until we learn to respect each other and the principles of our own profession. We all soon will learn that 'place and power' will become important to protect any one in the profession from being swallowed up by the unpalatable dose which has been so freely prescribed to our less favored brethren. Nor can we say that justice is wholly blind in this matter; for, while some have been taught their own weakness and mutual dependence, the whole profession has been roused to a sense of its own danger—urged by dire necessity to seek ways and means to allay the storm which threatens not only the personal prosperity of surgeons, but the welfare of the whole suffering community.

"A citizen cannot perform the duties of citizenship under duress; neither can a surgeon perform the various operations of surgery, continually subject to menaces and threats of prosecution for alleged mal-practice. For the small fee awarded for such services, we cannot be expected to encounter such heavy risks. As all are more or less concerned in this matter, let us awake to a true sense of this growing evil, and speedily apply the remedy. With Horace, we say, *Interdum vulgus rectum vidit.*

---

### Carbolic Acid in Typhoid Fever.

Dr. Fergus writes to the *British Medical Journal* that there can be no doubt as to the great value of carbolic acid as a disinfectant in various epidemics. I wish to call the attention of your numerous readers to its use as a remedial agent in enteric fever.

More than a year ago, a medical friend asked me to see his child, under two years of age, suffering from a severe attack of fever of the enteric type. The diarrhœa was excessive, and of the usual character. We could not bring it under control by the usual remedies, and our patient appeared to be sinking, when I suggested the use of Calvert's crystallized acid in half-grain, afterwards increased it to two-thirds grain doses every three hours. The child took the medicine in sugar and water without difficulty. In less than twenty-four hours the character of the stools was changed; they became much darker in color, and of a more consistent nature. In a day or two, we had no more trouble with the diarrhœa; and our patient, after having been considered hopeless by more than one medical man, recovered.

Two older children were attacked: the acid was at once administered; and the disease was not nearly so severe or prolonged as in the first case.

My object in giving the carbolic acid was, that it might act locally on the glands and mucous membrane of the small intestines; from the immediate change in the character and frequency of the stools, I have no doubt it did so. In the next two cases, I think it checked the disease, and prevented its running its full course. Since then, I have used it in several cases; and I have a strong impression that it cut short the disease.

Of course, it is difficult to prove that the cases in which the drug were given would, if left to themselves, have run the usual course of typhoid fever. This, however, I must say, that they presented all the symptoms of the early stages of the disease, and were, in my opinion, cut short by the use of the carbolic acid.

I write this, that my experience may be tested by others, as it is only by the use of the medicine in a large number of cases, that its value can be ascertained.

Several months ago, Mr. Dunn, druggist here, made me some capsules, containing each two and a half grains of carbolic acid. I find them very useful; they are still as perfect as when first made.

---

### Prophylaxis of Yellow Fever.

The following directions for the use of captains of vessels trading with tropical countries subject to yellow fever, have been handed us by a correspondent. They are by Alexander Fiddes F. R. C. S., Edinburgh, formerly of Jamaica, West Indies:

"When a ship has to leave a northern port, American or European, for the West Indies, where yellow fever is endemic, and occasionally epidemic, it is necessary that every precaution should be taken to protect the crew against the invasion of this disease—and among the precautionary measures most worthy of adoption, the first and foremost is the free ventilation of the berths of the sailors—without the fulfilment of this necessary precaution and requirement, the health of ships' companies in tropical climates must be imperilled; and so strongly am I impressed with this fact, that in cases in which the construction of the ships has been defective as to the accommodation afforded to the seamen, I have always considered it better that the sick should remain on deck, under an awning or cover, by day and by night, than remain below in a badly ventilated compartment. Next to perfect ventilation, I would put cleanliness, in the fullest sense of that word. Cleanlinesss of body, obtainable by daily ablution of the skin, and cleanliness of the clothing, and bed-rugs. Before the sailing of the vessel from her port of departure, the captain should ascertain that the medicine chest contains such articles as might be required in the event of yellow fever appearing among the crew—of these the most important are sulphite of magnesia or of soda—the sulphate of quinine, calomel, castor oil, blistering plaster, epsom salts, magnesia, carbonate of soda, aromatic spirit of ammonia, and extract of colocynth.

In the event of yellow fever appearing on board a vessel sailing within the tropics, the main agent to be employed is the *sulphite* of magnesia, or the sulphite of soda, this being the most potent remedy hitherto discovered for arresting fermentation and dissolution of the blood. But prior to commencing the use of it the stomach and bowels should be cleansed of all offensive secretions, by the administration of ten grains of calomel, and the same quantity of the extract of colocynth, followed by a dose of castor oil if necessary.

In other cases, where there is no evidence of biliary derangement, a single dose of castor oil might be sufficient without the calomel and colocynth. There is no beneficial object to be gained by severe purging, for the organism having to contend with a most depressing poison, it is important to husband the strength, and not to lower the vital powers; still the stomach and intestinal canal should always be cleared, as a preliminary step to the administration of the sulphites. As soon as the bowels have acted freely, the use of the sulphites should be commenced immediately, and this medicinal agent should be given in full doses—20 grains every two or three hours—and it should be administered in this quantity with great punctuality by day and by night so as to ensure and maintain saturation of the blood. No other medicines should be given in conjunction with this remedy, in case they might counteract or neutralize its anticipated action, and the quinine or calomel should not be employed in combination with it, because the former is apt to disturb the nervous system, and arrest the secretions, the latter to aid in the disorganization of the blood, already threatened by the presence of a specific poison.

During the administration of the sulphite, and throughout the whole course of the disease, the vital powers should be carefully supported by beef-tea, chicken-tea, mutton-broth, and farina-

ceous articles in small quantity, always remembering that nature has to maintain a struggle with a most depressing poison, which tends to lower and reduce the powers of life. Upon this rational view of the nature of yellow fever, the use of small quantities of sound French brandy throughout the disease is evidently indicated, and the stimulant should be given in small quantity at a time, but frequently repeated, say two or three teaspoonfuls every two, three or four hours according to the strength of the circulatory system. The brandy should be given in a small quantity of water—a large wineglassful—and care should be taken that the stomach is not over-distended, by the patient drinking large quantities of water; it is always better to drink water in small quantity, and if possible, to have that well iced—indeed when ice can be procured, it always acts as a potent agency in calming the stomach, and relieving the feelings of internal distress. In all cases where there is much heat of skin, and where the pulse has a fair amount of strength, I invariably combine with the sulphites the external application of a wet sheet. This is wrung out of very cold water, encircled around the body, and changed every hour, or as often as it becomes dry, the head being at the same time enveloped in a wet towel.

In cases where the skin is dry and without softness, but not very hot, and where the vital powers are below par, the vapor bath is oftentimes extremely useful—eliminating poisonous matter from the blood, without weakening the strength. The vapor bath is easily made, by placing a cradle and blanket over the body, and burning a spirit lamp underneath for a quarter of an hour. The vapor bath is well adapted to cases in which there is much depression of the nervous and circulatory systems, with passive congestion of the kidneys and other internal organs. The great point to be attended to in this management of yellow fever is to commence the use of the sulphites as soon as the character of the disease is recognized, and to use it freely, and with punctuality, in the proper doses, from the first invasion of the disease to the termination, avoiding any mixing up or jumbling of the agent with other therapeutical remedies.

The use of the cold wet sheets, or of the vapor baths, must be used according to discretion; the land-mark for their employment or non-employment being the temperature of the skin and the state of the pulse.

When the skin is hot and dry, with the circulatory powers unreduced, the use of these agents has often the most salutary effect; but when the skin is not hot, but soft and open, their use is evidently not required, but in most cases of yellow fever, they will prove a powerful auxiliary to the sulphites. The construction (?) of the sulphurous acid with the wet sheets and vapor bath, together with the appropriate use of the other agencies which I have indicated above, have proved far more successful than any other method, which I have employed myself, or seen practised by others, and I can with great confidence recommend its adoption to the medical profession of the world, as the most rational, and the most efficacious means which have yet been devised for the treatment of yellow fever."

# Reviews and Book Notices.

## NOTES ON BOOKS.

Lindsay & Blakiston, of this city, have in press, and will shortly issue "A History of the Medical Department of the University of Pennsylvania, from its Foundation, in 1765, to the Present Time, illustrated by Sketches of the Lives of Deceased Professors," by Joseph Carson, M. D., Professor of Materia Medica and Pharmacy in that institution. The second volume of Aitken's "Practice" will, it is understood, be ready early this month. They will also publish, during this month, Dr. Sœlberg Wells' complete work on "Diseases of the Eye, with illustrations," and Dr. Beale's new volume on "Kidney Diseases, with illustrations."

They have also issued a copious catalogue of their own medical publications, to which they have appended a classified list of all the more important works on medicine and the collateral sciences published in the United States, and now in print.

James Campbell, of Boston, announces that early in October he will issue a second edition, with additional cases, of a little work, which attracted much attention from the medical profession two years ago, when the author, Dr. D. W. Cheever, of that city, had it privately printed. It is entitled, "Œsophagotomy, for the Removal of Foreign Bodies"—an operation which, it is claimed by the author, "can relieve a fellow being from exquisite suffering, and from extreme peril, and deserves its place among operations of necessity, and not of expediency."

The celebrated expert, Tardieu, of Paris, has received an appointment from the Imperial Academy of Medicine, to write a popular essay on hydrophobia.

**The Science and Practice of Medicine. By Wm. Aitkin, M. D., Edin. Second American, from the Fifth Enlarged and Carefully Revised London Edition, adopting the new Nomenclature of the Royal College of Physicians of London, with large Additions, by Meredith Clymer, M. D. In two volumes. With a Map, Lithographic Plate, and Numerous Illustrations on Wood. Vol. I. Philadelphia: Lindsay & Blakiston. 1868. 8vo., pp. 927. cloth. *Price* (for the two vols.) $12.00.**

For a complete exhibit of medical knowledge as it now exists, we know of no work superior, or at all equal to this, except Virchow's *Handbuch der Therapie*, which is not yet concluded, and is likely to be a whole library in itself. Dr. Aitkin's Practice at once took the very first rank among works of the kind, and the present edition is sure to maintain that position.

The fifth London edition was increased by fully one hundred pages from the hands of the author, and the American editor, with his well-known energy, has not allowed anything new and valuable to escape his notice.

It is but just to him, and will have its value to our readers, to quote from his preface, the additions made to Dr. Aitkin's fifth edition. They are, in all, equal to three hundred pages of the London edition.

"They will be chiefly found under the heads of: Lardaceous Degeneration, Vaccination, Measles, Erysipelas, Typhoid, Relapsing, Yellow, and Malarial Fevers, Dysentery, Malignant Cholera, Malignant Pustule, Syphilis, Pathology of the Dietic Diseases, Scurvy, Parasitic Diseases, Rheumatism, Gout, Chronic Bright's Disease, Cancer, Tuberculosis, Diseases of the Nervous System, Diseases of the Heart and Lungs, the Sphygmograph, Pyæmia, Diseases of the Digestive Organs, Diseases of the Kidneys, and Diseases of the Cutaneous System.

"They also include *twenty-two new articles* upon subjects not treated of, or only incidentally mentioned by the author, namely: Camp Measles, Spinal Symptoms in Typhoid Fever, Typho-Malarial Fever, Chronic Malarial Toxæmia, Chronic Damp Dysentery, Cholera Morbus, Cholera Infantum, Hereditary Syphilis, Gonorrhœal Rheumatism, Corpulence, Physical Diagnosis of the Diseases of the Brain and Spinal Cord, Delirium of Inanition, Chronic Alcoholism, Epileptiform Neuralgia, Auscultation in Health and in Disease, Capillary Bronchitis, Plastic Bronchitis, Dilatation of the Bronchia, Fibroid Degeneration of the Lung, The Inoculation of Tubercle, Chronic Pyæmia, Syphilitic Disease of the Liver."

It will be hard to find in the range of maladies, or in the means devised for their relief, anything which has escaped these capable hands; and we can fearlessly recommend this work as worth a whole library of medical books to the practitioner. The appearance of the second volume will be duly announced.

---

**Criminal Abortion: its Nature, its Evidence, and its Law. By H. R. Storer, M. D., and F. F. Heard. 8vo. pp. viii., 216. Boston: Little, Brown & Co. Cloth $2 25; sheep $2 50, for sale by J. B. Lippincott & Co.**

We have at divers times spoken of Dr. Storer's works, and have not been able always to give them the praise we would like. He is devoting himself to opposing a great evil. For this we honor him. Is he doing it in the most sensible and effective manner? We have not been free to reply in the affirmative.

His two former books for popular reading were witten in a style which made the judicious grieve, and hurt their usefulness among the masses. To speak plainly Dr. Storer's faults are egotism and affectation. Apart from these, he writes well, and as for his knowledge of the subject, it is complete except when he is blinded by his enthusiasm.

In the present work he has rendered a real service to the public. He has laid down the character of the crime he attacks, and points out clearly the medical and legal processes by which a culprit can be brought to punishment. We hope it will be extensively read, and may be the means of terrifying many an abortionist into a better life.

The first part, exclusively medical, is by Dr. Storer. It occupies the greater portion of the book and displays both the merits and defects of the author in strong colors. What but affectation is it to put a small wood cut of a cross on the title page of a book, and speak of "marking its face with the sign of the cross?" What is it but egotism for an author to speak complacently of his efforts as "shaking society, throughout our country, to its very centre." Dr. Storer even forgets his grammar in thinking of himself. In one single chapter he speaks in both numbers and two persons. Sometimes it is "we ourslves," again "I myself" and finally "the writer himself." This is *ego egomet ipse*.

Dr. Storer's statistics while valuable as tentative efforts are open to the suspicion of all statistics collected in order to prove a particular view. We have previously on several occasions pointed out the uncertain basis on which they rest, and that element of uncertainty is not removed by the present work. The correction (?) on p. 35, of a statement in this journal, we should like our readers to compare with Mr. Appollonio's own words, in the last but one of his Reports.

Medical and Surgical Reporter.

PHILADELPHIA, OCTOBER 10, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## A QUESTION IN ETHICS.

Is it wrong to prevent conceptions? This is the question which we propose to discuss at the request of one of our correspondents. It is delicate, but we intend to speak of it plainly. It has been ignored by most of the later medical writers of eminence, but in the business of the physician it is one of daily recurrence.

As we have said, we are led to do so by a letter lately sent us. The writer, a reputable and conscientious physician, puts his difficulty as follows:

"Can you instruct me through the columns of your valuable journal what to do in the following case:

"Mrs. R——, aged 26. Married five years. Was twice confined, gone at full term of gestation, and in both confinements had to undergo the painful operation of craniotomy, due to a uniform smallness of pelvis, or rather contraction of its brim. Mrs. R—— was barely snatched from the grave in her last accouchement. Now she calls upon me to do something for her to prevent conception. What can be done for her? Or is there nothing to prevent her from becoming in a former perilous condition if she obeys the laws of married life?"

So far as this case is concerned we feel no hesitation in expressing our opinion that it is right and proper to prevent her from becoming pregnant. No obstetrician hesitates to perform craniotomy, or the operation for abortion, where it is manifestly impossible for the child to be born alive; *a fortiori* therefore he should not hesitate to protect his patient from the necessity of these dangerous operations.

But while no one will be apt to dispute this position there are many other and less direful contingencies where the physician is asked for means to avoid fecundation. Take the case of mothers already greatly weakened by excessive child bearing, or that of those whose pregnancy is a nine months torture, or where family and social circumstances render it urgently advisable to postpone child-bearing, or where a condition of disease exists either in the male or female parent which both are anxious should not affect the offspring. In such instances what is the physician's duty?

We may look for answer either to the laws of physiology or the precepts of Christianity. In the latter we find absolutely no direct or indirect injunction. It is true that St. Paul advised wives not to defraud their husbands of the marital privilege, thus opposing the separation of man and wife, but as it is maintained by many physiologists that nature has provided an *agenetic* period, Paul's advice could be observed without other precautions, and yet the marriage be childless.

This difficulty was perfectly familiar to the fathers of the early Church, and they took different sides in the controversies which arose on the point. The object of marriage, the one party, headed by St. Augustine, maintained to be the procreation of children. *Crescite et multiplicamini* was their motto, and some carried it so far as to inveigh against sexual connection during pregnancy, and nursing, as not leading to increase of population. St. Augustine had been a wild young blade even for the profligate Roman world, and it is singular that he should have defended this austere view of marriage, while St. John Chrysostom, who had lived a most ascetic life from his youth up, took the ground that the marital state was provided not only to continue the species, but by the goodness of God for the pleasure of His creatures and the prevention of incontinence. He saw, therefore, no evil *per se* in the limited avoidance of offspring by means in themselves innocent.

In later centuries the Church of the West while providing severe penalties against the destruction of the fœtus in utero, did not enact, nor has it yet enacted any statute against preventing conception. So it is with the Anglican Church, and we believe the Eastern Church also. Malthus, a clergyman of the English Church, and in our own day, the Roman Catholic Bishop Mousset, in France, (Reporter, vol. xvii., p. 177,) Lord Amberly, and other philanthropists and prelates have spoken to the same effect. It is clear, therefore, that there is no unity of opinion among professing Christians on this point.

So far as physiology is concerned, the mere avoidance of fecundation certainly is not known to exert any bad influence on either parent. The vice of onanism of course does and has met reprobation and chastisement from God directly. But to this we are not alluding, nor to those other means where divers kinds of instruments are employed, generally, if not invariably, tending to produce disease and shorten life.

It is granted by all to be wrong as defeating one of the ends of marriage when child bearing is wholly avoided. But there are voices who have raised the question, whether it is not quite as wrong to inflict years of misery, and even an untimely death, on women by over production. Certainly the same care which a breeder extends to his stock, they argue, a shepherd to his ewes, or a herdsman to his cows, our wives have a right to demand of us. Yet how often is it conceded? We blush for our sex when we think of the numerous instances which all of us meet with where too rapid child bearing has hopelessly wrecked the women whom we remember as blooming girls. These facts are urged with a pertinacity which require notice even if we do not deign them a reply.

It is perhaps time that the profession expresses its views on a point which the theologian and the political economist have been debating for thousands of years. From the physician alone the final answer must come, and physiology, not theory, nor prejudice, nor theology, must pronounce the verdict.

# Notes and Comments.

### Dr. Walter's "Conservative Surgery."

In reviewing this excellent monograph some weeks since, we pointed out certain difficulties in the way of unreservedly accepting the author's conclusions, and also stated that the treatment by incision was not wholly new to surgery. We are glad to publish the following extract from a letter of the author, doing away with these difficulties, and, while granting the adoption of the practice, in a general way, by older surgeons, pointing out in what respects his method differs from theirs.

"I thank you for the notice of my monograph in the Reporter of the 5th inst., but feel aggrieved at the question of the reviewer, 'Are *all* the cases reported in which this method was used, or *only* the successful ones?' The length of time (more than seventeen years) which I allowed to pass by, and the number of cases which I patiently accumulated, before giving publicity to my experience in the conservative field, should, I think, have shielded me from an insinuation of having acted unfairly in the matter. To do this in any profession would be derogatory to the true spirit which should animate its members; but in the medical, it would be even criminal. I feel, therefore, bound in justice to myself, to state that *all* the cases in which the conservative practice had been tried, have been reported, and that no failure—by loss of limb or life—has been the consequence where openness of wound, accompanied with incision of integument and fasciæ, had been early and promptly instituted. As the pages will show, cases have been narrated where the method had failed, not only in preserving limb, but life also, because it had not been timely enough called into requisition.

"I do not know that the same practice (incision of the dermis and fasciæ, for the relief of *tension*, and for the purpose of *evacuating bloody and serous extravasata*—speedily to become septic) in crushed limbs, had ever been promulgated before, and would be thankful to the reviewer to be informed where I could get this information (of 'older surgeons having acted also upon the same theories'). That injured limbs in such conditions, have been incised by other physicians, I will not question; yet I claim that *openness* of wound and its *enlargement immediately* or *soon after* the injury, in the *longitudinal axis* of the member, for the purpose of relieving the tension of fascia and cutis—due to pent-up

blood—which threatened gangrene, erysipelas, phlegmon, and pyæmia, have not, as far as I know, been before insisted on. This is the practice which I may be allowed to consider original, as well as that of incising bruised limbs without *breach* of surface, for the above-mentioned indications.

"Next, the reviewer appears to have misunderstood the tenor of my remarks in regard to gunshot wounds. I suggested similar incisions (in the *long axis* of the limb) in these cases, but did not mean that the *track* of the *wound* made by the bullet, *should be slit open*, as had been done by other surgeons. If ill success had followed this procedure, involving the section of fasciæ and muscles in every direction, the *longitudinal incisions* will be found not only harmless, but serving an *important* indication—that of relieving tense tissues, and giving free exit to primary and subsequent extravasation. They were not proposed with the view of facilitating the extraction of the bullet or other foreign material, but mainly for the purpose of obviating the direful effects which tension of the fasciæ and confined blood and serum are inducing."

### Russian Sanitary Regulations.

The government of this country, which in its anxiety to give every freedom to the individual takes few or no precautions to protect the lives of citizens against nefarious tradesmen, might well take a lesson from the "despotism" of Russia. We learn from the *Deutsche Klinik* that a decree has just been promulgated at St. Petersburg forbidding the importation or sale of carpets, toys, or wearing apparel dyed with arsenical dyes. All injurious coloring matters employed in preparing confects or other articles of food, are likewise prohibited.

That this decree may not remain a dead letter, a simple and ready method is given for the detection of arsenic. Let us suppose it is a carpet we are to examine. A piece the size of the finger is cut into fragments, placed in a wine glass, and covered with caustic ammonia. This produces a blue color. After five or ten minutes half a teaspoonful of chloric acid is mixed with the solution, which assumes a bright-green color, with evolution of white fumes. Now a clean copper coin is placed in the mixture. If after five minutes it shows a precipitate of steel-gray color, then arsenic is present, otherwise the copper retains its polish.

Attention is also called to the garlicky smell which substances containing arsenic emit when burnt.

### Turpentine as an Antidote to Phosphorus.

The *Archives Gen. de Medecine* calls attention to the custom of the workmen in a match factory at Stafford, who apply phosphorus to the matches, of carrying on their breast a tin cup, containing essence of turpentine. This precaution is said to be sufficient to prevent any ill effects from the action of the phosphorus. It was previously known that the vapor of turpentine prevents the ignition and even the phosphorescence of phosphorus, but the practical application of this knowledge is not so generally adopted as it should be.

### Maternal Impressions.

At a meeting of the Society of Physicians at Berlin, reported in the *Deutsche Klinik* for Sept. 5th, Herr Dupré related several instances of maternal impressions. In one, a woman in the fifth week of pregnancy saw a sheep wounded and with its bowels protruding. She was greatly shocked, and did not recover her composure for several days. She was delivered at term, of a child in other respects well developed, but lacking abdominal parietes. Another one saw, in the first weeks of her third pregnancy, a boy with a hare-lip, and not only was the child she then carried born with a frightful hare-lip, but also three children subsequently.

### Return of Professor Gross.

From a letter just received from Dr. Gross, Professor of Surgery in the Jefferson Medical College of Philadelphia, we learn that he will embark for the United States on the 3d of the present month, and that he will, therefore, be here at the opening of the session of the school.

### The Administration of Ipecacuanha.

We were once informed by a physician of considerable experience, that he had derived great benefit from the administration of ipecac. in one-fiftieth of a grain doses, frequently repeated, in cases of irritable stomach and gastritis. We were reminded of his advice by a late essay of Dr. Weigersheim before the *Gesellschaft für Heilkunde* of Berlin. He says his usual formula for administering the drug is

| | | |
|---|---|---|
| R. | Rad. ipecac., | gr. iij. |
| | Sacch. alb., | ℥j. or ʒj. M. |

Ft. chart No. xii.

S. One every five minutes in a spoonful of water till emesis follows. Nothing whatever is to be taken in the stomach, no hot water or camilla tea, and usually after the third or fourth powder, free vomiting supervenes. These mi-

nute doses had succeeded in his practice where large doses of stronger emetics had entirely failed. Our observation has long persuaded us that the system is extremely sensitive to the drug in very minute quantities.

### Honors to Lænnec.

On the 16th of August, a statue was erected to this great diagnostician at Quimper in France. Discourses were pronounced by Drs. Tardieu, Bouillaud, Kergaradec, Roger, and others.

### The Geneva Convention.

The terms of this philanthropic association for relieving the horrors of war, have now been subscribed to by every State of Europe, the States of the Church being the last to accept them. It is now proposed to extend its provisions to marine warfare, and for that purpose a convention was held on the 5th of October, at Geneva, to which delegates were expected from every State of Europe.

### Carbolic Acid.

Dr. Ten Brook, of Paris, Illinois, writes to us: "I have been using carbolic acid in several cases of conjunctivitis, both acute and chronic, with much benefit. The cases were generally those that resisted other modes of treatment. Its application produces but slight pain, and its action is prompt.

"The beneficial effects of carbolic acid in burns, aphtha, and ulceration of the mouth and throat, are well known to the profession generally.

"Its value as a remedy in fœtid diarrhœa of children is beyond any agent I have ever used; owing, doubtless, to its astringent and antiseptic properties."

### Chloroform.

Chloroform can best be preserved by the addition of a half to a whole part of alcohol. Light will then not decompose it. If pure, it will not alter the color of dampened litmus paper. If free from chlorine, it will not blue paper dampened with the iodide of starch. When mixed with one part of alcohol, its specific gravity is 148° at 17.5° Cent.—Rump, in *Central-Blatt für die Medicinischen Wissenschaften.*

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

# Correspondence.

## DOMESTIC.

### Death from Podophyllin?

Editors Med. and Surg. Reporter:

A case of supposed poisoning has recently occurred in Rockland County, New York, which is now undergoing investigation, and which has led to grave suspicions of unfair means having been used. A wealthy lady, a widow, about two years since married a man in New York by the name of Gamble; last May they removed from the city to a farm in Rockland Co., where she died on the second of August, after an illness of a week or so. She was buried in Greenwood Cemetery without any religious ceremonies being performed. Afterwards suspicions having been excited as to the cause of her death, the body was exhumed and placed in the hands of Dr. Shepard, of Brooklyn, who made a post mortem examination. Dr. Shepard, it is stated, found nothing to show that violence had been used, and put the contents of the stomach in the hands of Professor Doremus to be analyzed. We are informed that he had partially completed his analysis, and "has found large quantities of *morphia* in the stomach." In the mean time the Coroner of New York went to Rockland County, and commenced an examination of the circumstances attending her death. The following are the only details published, which throw any light on the cause of death.

Mrs. Shaurman testified that she helped to lay the body out, that "body was swollen a little more than was natural, the whole body or stomach was swollen."

Dr. Van Houten testified that he attended the deceased; that he was a physician, 27 years old, and had been 20 months in practice; that he commenced treating her the first part of last June; saw her again about the 25th of July, continued to visit her till she died; that when he first saw her in June *she complained of a pain in her bowels;* her pulse was slightly increased in frequency, said she had not slept for two or three nights; he prescribed morphia, about one quarter of a grain, made into 2 or 3 powders, to give one powder every three or four hours; that he supposed *there was some inflammation of the mucous lining of the membrane of the bowels;* next visit that he gave some quinine and *podophyllin* in powders, that one was to be taken every 4 or 5 hours; he left a morphine powder to be taken at

night. Mrs. G. was in bed "feeling quite well, only a little weak."

The witness went on to say that on the third visit he gave a morphine powder, and an infusion of colombo root; fourth visit opium and podophyllin; fifth visit found her complaining of *pain in the bowels* and fulness about the region of the liver, her pulse was increased, tongue coated and moist. She was restless and could not sleep; he prescribed half a grain of ipecac. and 1 gr. of *leptandrin;* sixth visit, no better, symptoms aggravated, prescribed *podophyllin;* seventh visit prescribed opium, ipecac. and leptandrin; eighth visit, a morphine powder; eighth visit, ipecac and bicarb. soda; ninth visit, no prescription; tenth visit, 1 *gr. morphine and* 1 *gr. opium;* next visit, 28th July, *two gr. podophyllin* to be taken at night! 1st August and last visit, gave *two grains of podophyllin* and ¾ gr. of opium, also prescribed brandy on two occasions.

On cross examination, Dr. Van Houghton testified again as to her having pain in her bowels; that she appeared to be awake half an hour before she died; that he never noticed any smell of liquor about her person; that her bowels were neither constipated nor loose while he was in attendance; that the pain in the bowels seemed to resemble that of colic; that he *gave the podophyllin to operate chiefly on the liver;* that Mrs. G. did not, to his knowledge, *die of any disease;* that he did not hear of any disease sufficient to cause her death; that he had never seen a case of poisoning resulting in death.

This witness afterward testified that he thought the symptoms were owing to the excessive use of liquor, and that he thought her death was caused by intemperance!

He afteward testified that he was not certain about the liquor, and that the certificate he had given as to the cause of Mrs. G.'s death was false and untrue! and was made out and delivered to Mr. G. (the husband) at his request; he also testified that Mrs. G. was delirious at times during her illness.

*Remarks.* Not long since, the writer was called to see a lady laboring under a mild form of remittent fever, her homœopathic physician being confined to his house by illness. I prescribed quinine, and she speedily recovered. In two or three days, however, not feeling very well, she sent for her old physician; he prescribed *pills of podophyllin, one and a half grains three times a day!* The next day she was attacked with nausea, pains in the stomach and bowels, and great prostration, etc. The podophyllin was continued for three days, when the patient died. These particulars were communicated to me by the physician who attended her.

I also learned from her husband, that she had all the symptoms of irritant poisoning: nausea, pain, tenderness, swelling of the bowels, etc., and that the symptoms commenced soon after the second dose was given.

Is there not good reason to suspect that Mrs. G. died also of *podophyllin.* In the state she was in, two grains of this active irritant poison, and repeated, seems to me the most probable cause of her death. I send you a paper containing a full report of the case, from which you can draw your own opinion. Medicus.

---

### Hysteria Affecting a Male.

Editors of the Medical and Surg. Reporter:

On March 5th, 1864, admitted C., first class fireman, æt. 45, native of England, tall, spare, sallow, and morose.

Had felt "pain in his bones" four days, and experienced a chill on the morning of that day. Eyes were injected, hair disordered, face flushed, pulse feeble and slow; tenderness over right kidney, with pains shooting thence to the head, and in the direction of ureters, micturition healthy; answered listlessly, but made an effort to arouse when sharply addressed.

Prescribed cupping over right kidney. After the second scarification he screamed with all his might; I found him lying on deck, groaning and sobbing; he complained of "a spot of coldness" in the epigastrium, which had now returned the fourth time that day; did not allude to renal tenderness again. I now suspected hysteria; a more appropriate name would be *morbus simulans,* as the symptoms are mostly simulative, and an unrealness is apparent even when the patient's distress is greatest; the disease is not restricted to females, and, therefore, should not be named after the uterus. In six hours he was found quiet in his hammock; pulse slow and of good volume, face flushed, expression anxious, pain in epigastric region, and headache, copious prespiration about the face, and deepening of wrinkles, tongue clean, very red and swollen at the tip, protruded with the tip much curved downwards, passed an abundance of pale urine. Under the use of assafœtida quinine, and iron, he appeared to have become well on the 11th inst. Next morning he presented himself again, suffering a chill; in a few hours the symptoms before detailed reappeared; first he simulated muttering delirium, then he jumped from his hammock and raved about being poisoned, he returned on being ordered, and asked for bread, which he

devoured voraciously; refusing to drink, he was given assafœtida gr. v. in pill. In the evening he was more rational, and complained of cough; was given liq. morph. sulph. f.ʒj. Perfectly rational on the 13th inst., and tenderness was detected over lumbar spinous processes. Applied four dry cups to that region, the patient expressing himself relieved as they drew; ordered tinct. ferri. chlor. gtt. xv. and extr. valerianæ fld. f.ʒss. thrice daily, good diet, and exercise on shore. After about a week he was discharged to duty, and the disease had not returned two months subsequently. The attack was probably dependent upon spinal irritation, which originated from repeated paroxysms of malarial fever. In females a morbid state of the womb, and menstruation, may have an indirect agency in producing the disease, by the transmission of an irritative influence to the spinal cord, through the uterine branches of the sacral plexuses; unnatural excitation of the genitalia may act in the same way, by means of the pudic branches; in an analogous manner tetanus follows certain injuries to the distal end of nerves, and has even been attributed to a "dead fœtus in the womb." Whatever occasions spinal irritation will lead to the affection, if a predisposition exists; though this is rare in males, it is sometimes present, and I have seen two individuals who had the hysterical diathesis.

A. A. Hoehling, M. D.,
*Surgeon U. S. Navy, Phila.*
*U. S. Ironclad Roanoke,*
*Off Newport News, Va.*

---

**Whiskey in the Vomiting of Pregnancy:**

Editors Med. and Surg. Reporter:

On the 27th of last May I was called upon to prescribe for a married lady, who had had nausea and vomiting for about six weeks. A careful examination failed to detect any disease of the stomach, or other cause sufficient to account for it, excepting to consider it a sympathetic affection; and as she had not menstruated for two months I at once suspected her to be *enceinte*, but she did not think it probable, having been married for ten years without ever becoming pregnant. Previous to this attack she was in perfect health, but now she suffered from constant sickness at the stomach, which seemed to reject all the food she ate, the nausea not even being relieved by the recumbent position, as she sometimes vomited at night when in bed. I prescribed lime-water, and milk, and chloroform emulsion, but this she said was the quickest emetic she had ever taken. Many other antiemetic remedies were tried, without the least benefit, though the oxalate of cerium did prevent the vomiting for two days, after which it failed to produce any good effect. Constipation, which was a troublesome symptom, was obviated by the use of simple enemata, as no medicine could be retained by the stomach. Laudanum injections were also advised to relieve the nausea, but without avail. As the patient was weak, and miserable, and continued to grow worse, I gave her some good rye-whiskey, a teaspoonful to be taken with tinct. aconite gtt. iij., ter die, which acted like a charm, the whiskey being the first thing to give tone to her stomach. After taking it two weeks she had sufficiently improved in health to be able to remove to a neighboring state. In a letter received from her husband some time ago, he writes that she is very comfortable, eats what she pleases, and is able to attend to her domestic duties. There is no doubt as to her pregnancy, and she feels very hopeful and happy. She is a lady of great intelligence and refinement; and, according to my experience, such persons are most liable to this affection, and their cases are apt to be of the most intractable character.

J. Y. Dale, M. D.
*Centre Co., Pa., September*, 1868.

---

# News and Miscellany.

---

**Boys who Smoke.**

Dr. Decaisne, (*Bull. Général de Ther.*), in the course of investigations on the influence of tobacco on the circulation, has been struck with the large number of boys, aged from nine to fifteen years, who smoke; and has been led to inquire into the connection of this habit with impairment of the general health. He has observed thirty-eight boys, aged from nine to fifteen, who smoked more or less. Of these, distinct symptoms were present in twenty-seven. In twenty-two there were various disorders of the circulation—*bruit de soufflé* in the neck, palpitation, disorders of digestion, slowness of intellect, and a more or less marked taste for strong drinks. In three, the pulse was intermittent. In eight, there was found on examination more or less marked diminution of the red corpuscles; in twelve, there was rather frequent epistaxis; ten had disturbed sleep; and four had slight ulcerations of the mucous membrane of the mouth, which disappeared on ceasing from the use of tobacco for some days. In children who were very well nourished, the disorder was, in general, less marked. As to the ages, eight of

the boys were from nine to twelve years old; nineteen from twelve to fifteen. The duration of the habit of smoking was: in eleven, from six months to a year; and in sixteen, more than two years. The ordinary treatment of anæmia in general, produced no effect as long as the smoking was continued; but, when this was desisted from, health was soon perfectly restored, if there were no organic disease.—*Brit. Med. Journal.*

---

**Statistics of Births and Deaths in France.**

The tables of births and deaths for the year 1865 have recently been published; and from them M. L. DE LAVERGNE, a member of the Institute, makes the following remarks upon their results. The returns in question show that the year 1865 was one of the worst of which the statistics have yet appeared; the causes which had arrested the progress of the population had apparently diminished since 1861, but they reappeared with renewed force in 1865. The return of births and deaths for that year give the following results: Births, 1,006,753; deaths, 921,877; excess of births, 84,866. During a certain period preceding 1848, the average annual excess of births amounted to 180,000; since 1848 it has averaged 100,000; and 1865 falls below that rate. M. DE LAVERGNE states that the diminution does not arise so much from a falling off in the number of births, as in an increase in the deaths; these exceeded 900,000 in 1865, a number only reached in 1849, 1854, 1855, and 1859. The Mexican war was probably a principal cause of the large total in 1865. In thirty-one departments, forming more than one-third of the whole of France, the deaths were actually in excess of the births; and this list includes some of the richest portions of the country, such as the Bouches du Rhone, the two Charentes, Côte d'Or, Girone, Manche, Marne, Seine-et-Marne, Seine-et-Oise, Var, Vaucluse, Yonne, Eure, and Calvados. The departments in which the excess of deaths was the greatest were Bouches du Rhone and Var, where the cholera raged during 1865. In the case of the former department, the deaths were in relation to the births more than 18 to 15, and in the case of the Var 10½ to 7. In the Nord, on the contrary, the most thickly populated of all the departments, the deaths were less than 33 to 46, leaving an excess of 13,293 births. After the Nord, the departments which gained most were those of Brittany, the Pas de Calais, and the Rhine. The same returns show that the number of marriages have been steadily decreasing during the five years ending 1865; in 1861 they amounted to 305,203; in 1865 they had fallen to 298,838. The diminution was, however, less in 1865 than in either of the previous years; in 1863 it amounted to nearly 2,200, while in 1865 it was 1,700.—*Journal of the Society of Arts.*

---

—— A German clergyman in Australia, preached in favor of MORRISON'S pills. They are said to be good to "clean the blood," and as the Bible says "the blood is the life," it was the duty of every Christian to swallow a few frequently! The excellent man keeps them on sale for the benefit of his flock!

—— The cholera is counting a number of victims near Essen in Prussia. About forty persons died in the village of Rellingbausen in August.

—— The Peace Congress is now in session at Geneva.

—— Hungary sends about 150,000 pounds of grapes to Russia annually, principally employed for medical purposes.

—— The death of Professor GIOVANNI BELLOMO, medical doctor of Rome, is announced.

—— Dr. H. SCHMIDT has found that the power of accommodation of the eye is materially influenced by toothache. His observations are published in vol. xiv. of the *Archiv fur Ophthalmologie.*

—— In Germany it has been officially decided that hot baths cause trismus neonatorum. So midwives and accoucheurs are warned not to make free use of them.

—— Dr. LEMERCIER, of Paris, a pupil of Prof. AUZOUX, is expected to arrive in this country early in October. The Doctor comes out under the auspices of the "Association for the Advancement of Science and Art," and is to deliver a course of his popular lectures on "Human and Comparative Anatomy and Physiology."

—— Prof. PEASLEE has resigned the Professorship of Anatomy and Physiology in the Dartmouth College, to accept the chair of the Diseases of Women and Children in the same institution, Dr. LYMAN B. HOWE, of Manchester, N. H., has been unanimously elected to fill the vacancy.

—— Dr. FRANCIS F. SPRING died at his residence on Boston Street, Dorchester, Mass., from apoplexy. He was 47 years of age, and weighed 550 pounds at the time of his death.

—— Restoration of sight is promised to the Rev. Mr. MILBURN—well known in this country as a former Methodist preacher and lecturer—by VON GRAEFE, the Prussian oculist.